Death with Dignity: The Case of Physician-Assisted Suicide

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As a higher percentage of our population turns gray, we are forced to think about the final days of our loved ones. With increasing morbidity from AIDS and HIV among other serious terminal illnesses, we can no longer depend on the *miracles of medicine* to keep us alive. There are those who die peacefully, but more who suffer pathetically — needlessly — and we all know of those who have been kept *alive* with *pipes and pumps*.

You might ask "why is a dermatologist concerned with physician-assisted suicide?" My patients, just like our State's population, are living longer — and they die of cancer, of HIV infection, and of the many other infections that can be fatal. Every week I see patients asking for information about *death with dignity*. I have to tell them that in Hawaii and all other states, it is illegal to render aid, and a physician can lose his or her medical license or go to prison for doing so." I refer these patients to the Hemlock Society of Hawaii. My wife and I are *Life Members* in Hemlock Society. Hemlock has many excellent publications and resource materials on passive and active *Death with Dignity*. Many of these books are now available at the Hawaii Medical Library.

At a recent meeting of The Hemlock and Mortuary Societies of Hawaii, A.A. "Bud" Smyser, contributing editor of the Honolulu Star-Bulletin and Hawaii's leading advocate for physician-assisted suicide, spoke to a full house on "Dying is Looking Better." Bud's very popular "Hawaii's World" column dealing with death with dignity appearing in the Honolulu Star-Bulletin and has been reprinted in our Journal over the past six months.

All dying can be assisted by pain control, which is readily available today. Why then do some physicians withhold strong pain medication for fear of getting their patients addicted? When death is near and suffering persists, it is the doctor's role to alleviate that suffering. Our State House of Representatives may be seeking legislation to encourage physicians to administer higher doses of pain medications when needed.

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When my 88-year-old father came to live with us in Hawaii, he had both prostate and lung cancer, which had spread to his bones. His mind was astute, but his body was failing. He wanted "neither pipes nor pumps, heroics nor hospital." He lived in our home for the last year and a half of his life. Thanks to his geriatrician, Gary Johnson, MD, weekly visits by compassionate nurses, and a long-lasting pain pill, he was alert, without any pain, even on his dying day.

As a California hospice director told Bud Smyser, a good death should also focus on the survivors, because "the memories are with us for a long time." We want them to be happy ones.

The Hospice Movement

The first modern hospice was opened in London in 1967. The hospice concept started on the mainland in New Haven, Connecticut and Marin County, California in 1977. The next year, the late Sister Maureen Keleher established Hawaii's first hospice. We now have eight. The Hospice Program focuses on providing positive deaths and family support instead of using life-extending measures.

While hospices serve a portion of Hawaii's dying population, there are not enough programs. Many patients need *more active assistance*. In the 1950's, a majority of Americans died at home. In 1985, 80% of America's two million deaths occurred in institutions, which are extremely expensive. (Editor's Note: see the manuscript by Warren, "St. Francis Hospice: Medicare and Health Care Reform" on page 276)

Max Botticelli, MD, emeritus Professor and former Chief of Medicine at the UH medical school, wrote in "The High Cost of Dying" (Honolulu Advertiser - June 11, 1995) "Since the 1960's, about 30% of annual Medicare expenditures have been for care provided to patients who die in the same year; 12% for care given in the last month of life!" Dr Botticelli suggests some steps to a "Happy Death."

- Stop striving to attain immortality on earth. Eventual death of our bodies makes good religious and biologic sense.
- Make physicians more aware of their responsibilities to dying patients. The prescription of futile care is unethical and unprofessional.
- Establish a commission to set priorities for health care services.

Botticelli feels the soaring costs of health care cannot be solely at the feet of physicians who exercise poor judgment. The community at large is also at fault. This includes some in the legal profession, some religious leaders, the general public and the family and friends of the terminally ill patient. His manuscript on "Choosing to Die" which appears on page 257 is a poignant piece of prose — and reality.

We are making progress in relieving suffering for the terminally ill here in Hawaii. When Dr Reginald Ho was president of the

American Cancer Society, they adopted a national policy recommending no limitation on pain medicine administration. Drs Botticelli and Ho are part of an ad hoc committee, chaired by the ever-energetic Ah Quon McElrath, dealing with Death with Dignity. McElrath contributed a manuscript on "The Elderly and Disabled in Hawaii." (see page 258)

Hippocrates Didn't Know Everything!

Hippocrates lived in Greece from 460 to 370 BC. One of the world's most famous physician-teachers, he had phenomenal influence on medicine more than two thousand years ago, and still does, but much of what he taught has now been proven wrong. Over the centuries, many legends were attributed to him; for example, honey from a bee hive on top of his tomb was supposed to have had "exceptional curative powers."

> He thought that nerves were hollow and confused them with ligaments. He did not understand the difference between arteries and veins, or that the retina was the organ of sight. He thought "semen" from the left ovary produced girls.

Despite these and other medical errors, the Hippocratic Oath continues to be administered to medical school graduates at most schools in the country, including our own. Many have modified the oath so that Hippocrates probably would still recognize it, but might disagree with it.

The original oath says, in part:

> "I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect. Similarly, I will not give to a woman an abortive remedy. I will not use the knife, even on suffering from (kidney) stone."

The modified version, administered for many years by the late Charles Judd, MD, to Hawaii's medical school graduates, includes:

> "I will not endanger a patient's life by prescribing unnecessary dangerous drugs, nor will I give advice which will cause harm. I will endeavor to be my patient's advocate before society, and to aid my patients and their family in weighing and making the serious decisions that surround illness and death. Although life is sacred, death is inevitable, I recognize that it is the duty to treat the whole patient. The continued life of the patient's body is one consideration, but I will also consider the impact of treatment on quality of life and psychological well-being in making therapeutic decisions."

Choice in Dying, Inc., a national not-for-profit organization dedicated to fostering communication about complex end-of-life decisions among individuals, their loved ones and health care professionals,* is now working with ten medical schools across the country to improve medical education in the care of dying, beginning this semester. At the end of this five-year project, the results will be compiled into a technical manual that will help other medical schools integrate similar death and dying teaching into their programs.

Our medical school is not part of this study but, according to Leslie Q. Tam, PhD, Director of Medical Education, we do have an active program at the John A. Burns School of Medicine.

In the first year, students spend one half-day a week in a community medicine hospice experience. They go through a 20-hour orientation program at St. Francis or Queens hospital and are then assigned their own patient whom they visit once a week for the 15 weeks. Often, students develop strong relationships with terminally-ill patients and continue the hospice experience until the patient dies. It is a rich and touching role for some students, coming early in their education.

Over the first two years, students meet in tutorials and study a total of seventy health care problems. Among these problems are patients and families who must deal with death and dying. Examples are a 50-year-old nurse with breast cancer, an adult male with transitional cell carcinoma, and a lone-immigrant to Hawaii with colon cancer. In tutorials, students are encouraged to discuss not only the biological and clinical aspects of the problem, but also the populational and behavioral aspects of the case, including death and dying. Many of these discussions are profound. Some are superficial, depending on the make-up of the tutorial, the maturity and readiness of the student to discuss such issues and the ability of the tutor to facilitate discussion.

Finally, the school has offered colloquia by Max Botticelli, S.Y. Tan, Mits Aoki and Ken Kipnis on subjects such as "Death and Dying," palliative care and ethical issues.

While there are no formal courses on "Care of the Dying" or "Choice in Dying," students are exposed to these problems by the methods described above. Whether or not these experiences are effective is as yet unknown.[1]

Richard MacDonald, MD, Medical Director of the Hemlock Society U.S.A., noted the conclusions drawn by Dr S.Y. Tan in the April 1995 special issue of the Hawaii Medical Journal on Medicine, Law and Bioethics, saying "Lawyers and the courts are overly intrusive in patient-care matters. Like Damocles' sword, the law hangs over the heads of health care providers, frequently impeding rather than fostering their efforts to look after the best interest of their patients." Dr MacDonald has also submitted a manuscript for this issue on the training of medical students on page 294.

The manuscripts in this Special Issue were submitted by— people concerned with the lives and deaths of their patients, their family members, their friends and themselves.

As Bud Smyser said in his August 13, 1996 "Hawaii's World" column— "Hawaii needs a policy on assisted suicide." (November 1996 Hawaii Medical Journal, page 230). It is hoped that this Special Issue of the Journal will help to stimulate our medical community as well as the lawyers and legislators in Hawaii, to decide on a sensible policy dealing with Death with Dignity.

Editor's Note:

This manuscript is based on a major story in the *Honolulu Advertiser* December 17, 1995: "Should Doctors Help End Lives." I took the "Yes" position — allow patients to Die with Dignity. S.Y. Tan, MD took the opposing view, "No: would hurt infirmed; open to abuse." Dr Tan was Guest Editor for our Special Issue on Medicine, Law and Bioethics in April 1995, and has another provocative manuscript, "Why I Do Not Believe in Euthanasia" in this issue (page 273).

References

1. Tam, Leslie Q. "How Students are Trained in the Care of the Dying at the John A. Burns School of Medicine (Letter to the Editor, September 18, 1996)
2. * Choice in Dying, 200 Varik Street, New York, NY 10014